throat. He next became excited and had epileptiform convulsions, during one of which he fell striking his head in the left frontal region. Remaining unconscious after the injury for two days and presenting symptoms of cerebral pressure, he was trephined over the seat of injury. No fracture was found, but the dura bulding through the opening was incised, and six drachms of fluid evacuated. The patient gradually improved after the operation, though twelve days later he had another convulsion (attributed by the author to an external cause). After some weeks he brightened up, and eventually made a complete recovery both mentally and physically.

5. *Clinical Records.*—The author introduces the new department of "Clinical Psychiatry" in this journal with some suggestions as to the methods of making and keeping the clinical records of the insane, and gives a provisional schema. (ALLEN) Trenton.

Journal de Neurologie

(Vol. XI., No. 5, 1906.)

1. Spasmodic Laughing and Weeping. DEROUBAIX.
2. The Patellar Reflex is Independent of the Surface of the Percussor. COSTEX.
3. The Pathogeny of Hematoma Auris. DARCANNE.
4. Kernig's Sign in General Paresis. DARCANNE.

1. *Spasmodic Laughing and Weeping.*—The majority of authors have located the lesion causing the above symptoms in the basal ganglia, respectively in the optic thalamus, and in the corpus striatum. The author reports two cases in which it was observed, and in one of these an autopsy was obtained. In both cases there had been an apoplectic attack. The first patient had general feebleness of the muscles of the face, tongue and limbs, with mental impairment, which improved up to a certain point, no definite speech trouble, but accesses of spasmodic weeping, not due to a depressive affect, but which the patient himself declared to be purely involuntary. A sort of spasmodic laugh could be provoked, but it was immediately followed by weeping. The second patient, a man thirty-eight years old, after a "stroke" presented left hemiplegia affecting especially the arm, no aphasia or dysarthria, spasmodic laughter followed by weeping, and accompanied by associated movements in the paralyzed left arm. Death from another stroke. The autopsy showed atheroma of the cerebral arteries, with a large area of softening, which had destroyed the lenticular nucleus, the anterior limb of the internal capsule, and all the white matter of the frontal lobe, and of the central region, to the cortex, on the right side. The optic thalamus, genu and posterior limb of the internal capsule were not affected, and on the left side of the brain there was no macroscopic lesion. The author draws the following conclusions: 1. The function of emotive expression probably passes outside of the pyramidal fibres, like the functions of coördination and tonus. 2. The optic thalamus is the seat of the automatic movements of emotive expression (especially of laughing and crying). 3. Laughing and crying are under the control of the cortex. 4. The cortico-thalamic fibres pass in front of the knee of the internal capsule, probably by the lenticular nucleus. 5. A lesion of the cortico-thalamic fibres in question suffices to provoke the exaggeration of the emotive psycho-reflex; that is to say, spasmodic laughing and crying, either isolated or associated. The simplest explanation consists in admitting the presence of crossed fibres in the thalamo-facial fasciculus. 6. Spasmodic laughing and crying are not in relation with the "conscious emotive constellation" of the patient. 7. The substitution of crying for laughing in the same emotive convulsion tends to prove that the thalamo-bulbar conduction of laughing and crying is effected through a single fasciculus whose fibers govern antagonistic muscular groups. 8. There appears to be a clinical and anatomo-pathological relation between the pseudo-bulbar, and the Parkinsonian syndrome.

9. The corpus striatum has a relation to the innervation of the sphincters.

2. *The Patellar Reflex.*—The author making some experiments with his "reflexometer" has found that the force of the patellar reflex is independant of the size of the percussion hammer, provided it is kept small enough to impinge upon the tendon only. He also reports some experiments upon the relation between the period of latency of the muscular contraction and the intensity of the excitation. For these the myograph in connection with his reflexometer was used. His subjects were mainly precocious dements. He finds that the period of latency varies inversely with the intensity of the stimulus, this intensity depending upon the force of the percussion shock and the muscular tonus.

3. *Hematoma Auris.*—The author, after careful bacteriological examination of the blood from hematomata in five general paretics failed to find bacteria in any case. He concludes that hematoma is always of traumatic origin. He points out its infrequency in the women's wards where roughness of attendants is less apt to manifest itself in boxing the ears.

4. *Kernig's Sign in General Paresis.*—In twenty-six female paretics examined by the author, in ten Kernig's sign was present. Of these ten, two were in the second and eight in the final stage of the disease. He also found it in four males. Of the ten women exhibiting it, six had exaggerated reflexes, six ankle chlonus, and five Babinski's symptom. He thinks that Kernig's sign may have considerable importance, especially in doubtful cases. Prognostically it would indicate progressive involvement of the spinal cord.

(Vol. XI., No. 6, 1906.)

1. Second Note on the False Reminiscence. FÉRE.
2. Infantile Paraplegia, Insidious Onset, Stationary Condition, Then Exaggeration. BOUCHAUD.

1. *False Reminiscence.*—Note on two cases of neurasthenia in which, among other troubles, there were false reminiscences; *i. e.*, the idea of having previously seen persons or things which really presented themselves for the first time. Cure under treatment of the underlying condition.

2. *Infantile Paraplegia.*—A child at the age of one year had a severe infection (presumably pneumonia), which left her very weak, and at twenty-two months of age, she could not walk except to make a few steps when supported, her legs bending under her. Her condition remained stationary until the age of six years, when the legs gradually grew weaker until she could no longer retain the erect position. The author examining her about two years later, found a flaccid paralysis of the legs, with some atrophy and altered electrical reactions, loss of reflexes, no sensory trouble or bladder disturbance, arms normal, mental condition good, and no growth anomalies. He is inclined, by process of exclusion, to regard the case as one of poliomyelitis with a recurrence, and discusses the various theories put forward to account for such recurrences. Apparently he leans toward the idea of a reinfection.

(Vol. XI., No. 7, 1906.)

1. Atypical Forms of Dementia Præcox. CROCQ.
2. Location in the Cranial and Spinal Nerve Nuclei, in Man and in the Dog. PARHON and NADEJDE.

1. *Dementia Præcox.*—The author considers a class of cases which, while evidently examples of dementia præcox, seem to represent a milder form of this disease and are capable of recovery to such an extent as to be able to again fill a place in the world, providing that their duties are mainly of an automatic character, and do not require much judgment. A later remission with ultimate termination in dementia is, however, to be feared. These cases coincide in the main with the heboidophrenia of Becker and Kahlbaum. The author recognizes several forms, the first consisting chiefly of mental deterioration, with loss of affective sentiments,

while memory and inferior acquirements may be retained, but without excitement, depression or delusional ideas. A more severe condition consists of the above symptoms with vague delusions, while in third form the delusions are more marked, as is also the tendency to dementia. The last variety, especially, tends after apparent recovery to recur and eventually to pass into the typical picture of dementia præcox, though for years such patients may play a certain and even conspicuous rôle in the world though recognized as "peculiar." He gives the histories of two typical cases.

2. *Location in the Cranial and Spinal Nerve Nuclei.*—Since the question of the muscular localization in the spinal and bulbar nuclei is by no means settled, the authors urge that no opportunity to examine a case likely to shed light on this subject be neglected. Such cases are likely to be found among the inmates of alms houses and asylums; for instance, such persons as have lost a limb, or segment of one, have diseases destroying one or more muscles, or poliomyelitis with atrophy sharply localized in one or more muscles. They give here the results of examination in the case of a man in whom a cancer had destroyed nearly all the tongue, the muscles of the floor of the mouth, the anterior belly of the digastric on both sides, while on the left, the sterno-mastoid, the posterior belly of the digastric, the stylo-hyoid and the platysma were affected. From the degeneration of the cells found in the upper cervical, the bulbar and the pontine nuclei, they make the following localizations. The sterno-mastoid in the central group of cells of the first and second cervical segments.

The muscles at the base of the tongue, in the external group of the upper part of the hypoglossal nucleus; the genio-hyoid in the anterior group of the same region; the posterior belly of the digastric, the stylo-hyoid, and stylo-glossus in the second ventral group of the facial nucleus, the mylo-hyoid, in the lower part of the motor nucleus of the trigeminus (probably the anterior belly of the digastric is also innervated from this nucleus). It has been asserted that the mylohyoid is innervated from the facial nucleus, but the results obtained in this case, and also those from some further experimental work on dogs would indicate that it is represented in the trigeminus nucleus. These dog experiments also would seem to show that the masseter, and probably the pterygoid is represented in the posterior group of the motor trigeminus nucleus.

(Vol. XI., No. 8, 1906.)

1. Physical Troubles in States of Stupor. Soukhanoff and Petroff.
2. Penal Reform from the Anthropological and Psychiatric Point of View. Van Hamel.

1. *Physical Troubles in States of Stupor.*—Description of the case of a man of thirty-eight years of age, who on two occasions, while a political prisoner, had attacks of mental disturbance characterized by hallucinations, illusions and delusions of persecution. Recovery from the first attack, but the second has persisted. Attempt at suicide by biting the radial arteries.

The physical troubles consist in a peculiar retardation of respiration, the number of respiratory movements varying from six to eight per minute, rising to ten upon excitement, weakness of the pulse, and cyanosis and edema of the lower limbs even when kept in bed, and a leg ulcer possibly of trophic origin. Towards the latter part of the time there was slight febrile movement and chronic inflammatory trouble of the lungs was suspected, though on account of the shallow breathing of the patient, satisfactory physical examination was impossible. The case is considered as one of chronic confusion, or as probably belonging to the dementia præcox group.

2. *Penal Reform.*—A report made at the recent Lisbon Congress of Medecine, which exposes the author's views as to the aims which should guide the administration of penal reform. Summarized they are as follows: Penal reform should have as its aim, the diminution of crime.

This is an end at once practical and realistic, and should not have as its point of departure any dogmatic religious, philosophical or ethical system. The object should be to decrease the number of criminals, not to increase the number of those punished. The combat against crime should be regulated by scientific study of its causes—criminal etiology. These causes are general and personal. The general causes are mainly social, the personal causes, anthropological. Penal justice should dispense measures of social education to corrigible, measures of social protection to incorrigible criminals. The distinction between young and adult criminals is of less value than one based upon psychological state, social needs, and to what extent they are a danger to the community. Much latitude should be left to the judge in the choice between a number of educational and protective measures. In order to assist him to make a proper choice, a psychiatric service should be attached to each tribunal and to each correctional establishment. A great stumbling block is the divergence between legal and medical views as to what constitutes criminal responsibility. The legal division of criminals into the two classes of responsible and irresponsible is fallacious and should be abolished. In the study of the individual there should be noted especially psychical state, dangerousness and whether probably corrigible or incorrigible. The testimony of the trained physician should form a part of each criminal procedure, though examination by him is not necessarily indicated in every case. Two elements should decide whether his services are needed or not: 1. The nature of the act of the individual, and (2) the nature of the correctional measures whose application is under consideration by the tribunal.

(Allen) Trenton.

Archiv für Psychiatrie und Nervenkrankheiten

(Vol. 40, Part 3.)

25. Frequency and Causes of Mental Disorder in the German Navy, with a Comparison of Army Statistics. Podestà.
26. Globus and Aura. Max Buch.
27. Disease of the Ventral Horns in Tabes Dorsalis. (Conclusion.) Michael Lapinsky.
28. Acute Juvenile Dementia. M. Fuhrmann
29. Three Cases of Organic Disease of the Brain with Psychosis. Otto Kern.
30. Self-Accusing Insane. E. Meyer.
31. Spinal Cord Lesions and Progressive Paralysis and Their Significance in the Explanation of Argyll-Robertson Pupil. Kinichi Naka
32. Paralysis and Trauma. C. Gieseler
33. Physiological and Pathological Sleepiness. Hans Gudden.

25. *Mental Disease in Army and Navy.*—Podestà, from the point of view of a physician in the navy, calls attention to the increasing amount of mental disorder in the army and draws comparisons between this situation and the occurrence of like disorders in the navy. The discussion of the various types of disorder met with is extremely detailed and based on much careful statistical study. He finds that in the later terms of service general paralysis, epileptic insanity, paranoia and mania are frequent in the army, but less so than in the navy, where especially paranoia, general paralysis and alcoholic insanity are particularly pronounced. Neurasthenic and hysterical conditions are likewise frequent in the navy, together with a considerable amount of general weak-mindedness. The greater amount of such difficulty in the navy is attributed to the peculiarity of the service. A large proportion of the cases occur in the later years of service among the officers. Service in the tropics is also held in a measure responsible. As a study of secondary causes the article is of much interest.

26. *Globus and Aura.*—This paper is a comprehensive attempt to explain on an anatomical and physiological basis the well recognized symp-